

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

0-10-08

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3			1			
4						
5						
6		1				
7			1			
8			1			
9			1			
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49						
50		1				
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			

*	IND.	DEP.	*	IND.	DEP.	*
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100						
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			